"Mattie's Call" Information Sheet

Date:	Call received by officer:
Time missing person last seen:	Time call Received by Homicide:
Complaint Number:	

PART ONE

MISSING PERSON INFO:

Name:		D.O.B.:	Sex:	Race:
Address:				Beat:
Address last seen:(if different)				Beat:
Direction of travel:(if known)				
Height:	Weight:	Hair color:		Eye color:
Clothing:				
Other distinctions: (scars, jewelry, etc.)				
Mental condition:				
Has the person wandered away before? Yes ☐ No ☐	When?			
Where located?				

Reporting Person's Name:	Address:	Phone Number:
Caregiver's information (If different):		

Form APD 374 9/10/11

```

```

PART TWO

Authorization

| Does this missing person meet the criteria for a "Mattie's Call"?   Yes ☐   No ☐ |
| If no, why not? |

Approving Supervisor's signature:		
Print name	Date	Time

If criteria for "Mattie's Call" is **NOT** met, form is complete.
If criteria is met, please continue.

Name of Communications Supervisor contacted:	
Means of contact (fax, hand, etc.)	Time of contact:

THIS SHEET, WITH COMPLETED PARTS ONE AND TWO, MUST BE DELIVERED TO COMMUNICATIONS.

PART THREE

Cancellation and Summary

Date "Mattie's Call" alert was cancelled:	Time cancelled:
Reason for cancellation:	
Supervisor approving cancellation:	
Communications supervisor notified about cancellation:	
Brief summary of event and outcome: (Attach additional pages if needed)	

Brief summary of event and outcome (Attach additional pages if needed):

What went right: (What worked? Attach additional pages if needed)

What went wrong: (What did not work? Attach additional pages if needed)

Needs improvement (How could future alerts be improved? (Attach additional pages if needed)

Attach a copy of the corresponding police report, and any lead sheets, to this Information Sheet.

REVIEW

Unit Commander: _____ Date: _____
                              Signature

Section Commander: _____ Date: _____
                                 Signature